

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # G08732 1. Entity Name 2549 CORPORATION			
Principal Place of Business % ALEXANDER MACKENZIE 2549 WEST BROWARD BLVD FT LAUDERDALE, FL 33312		Mailing Address % ALEXANDER MACKENZIE 2549 WEST BROWARD BLVD FT LAUDERDALE, FL 33312	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address % ALEXANDER MACKENZIE 12331 NW 74 STREET City & State PLANTATION, FL Zip Country 33325	
4. FEI Number 59-2237559		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACKENZIE, ALEXANDER 2549 WEST BROWARD BLVD FT LAUDERDALE, FL 33312		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Alexander Mackenzie</u> DATE: <u>3/12/08</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	Change Addition
NAME	MACKENZIE, ALEXANDER	NAME	
STREET ADDRESS	2549 W BROWARD BLVD	STREET ADDRESS	12331 NW 74 STREET
CITY-ST-ZIP	FT LAUDERDALE, FL	CITY-ST-ZIP	PLANTATION, FL 33325
TITLE	VP	TITLE	Change Addition
NAME	KIEFHABER, WILLIAM	NAME	
STREET ADDRESS	2549 W. BROWARD BLVD.	STREET ADDRESS	3782 West LAKE ESTATES DRIVE
CITY-ST-ZIP	FT. LAUDERDALE, FL	CITY-ST-ZIP	DAVIE, FL 33328
TITLE	ST	TITLE	Change Addition
NAME	KIEFHABER, ROBERT	NAME	
STREET ADDRESS	2549 W. BROWARD BLVD.	STREET ADDRESS	12330 NW 74 STREET
CITY-ST-ZIP	FT. LAUDERDALE, FL	CITY-ST-ZIP	PLANTATION, FL 33325
TITLE		TITLE	Change Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	800122763688
CITY-ST-ZIP		CITY-ST-ZIP	04/09/08--01045--012 ***300.00
TITLE		TITLE	Change Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Alexander Mackenzie</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>3/12/08</u> Daytime Phone #: <u>954-470-4518</u>	

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT 031208 098 (1/07) 07-08